


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90170 003 \*\*\*\*61.25

<b>DOCUMENT # 737880</b> 1. Entity Name <b>BARCLAY WOODS HOMEOWNERS ASSOC., INC.</b>	
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Principal Place of Business <b>417 BARCLAY AVE ALTAMONTE SPRINGS FL 32701 US</b>	Mailing Address <b>417 BARCLAY AVE ALTAMONTE SPRINGS FL 32701 US</b>
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1751099</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>SNYDER, DIANE 417 BARCLAY AVE ALTAMONTE SPRINGS FL 32701</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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City	<b>FL</b>	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD HARTLE, RON <input type="checkbox"/> Delete
NAME	405 BARCLAY AVE
STREET ADDRESS	ALTAMONTE SPRINGS FL 32701
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete
NAME	MAJEWSKI, BILL
STREET ADDRESS	412 BROADVIEW
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	SD <input type="checkbox"/> Delete
NAME	LONG, KATHY
STREET ADDRESS	511 ARVERN CT
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701
TITLE	TD <input type="checkbox"/> Delete
NAME	SNYDER, DIANE
STREET ADDRESS	417 BARCLAY AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input type="checkbox"/> Delete
NAME	STOVER, ROGER
STREET ADDRESS	417 BARCLAY AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input type="checkbox"/> Delete
NAME	LOCKHEART, ANGELA
STREET ADDRESS	630 MAYFAIR AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Majewski
STREET ADDRESS	412 Barclay Avenue
CITY-ST-ZIP	Alta. Spr., FL 32701
TITLE	VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brock Hanson
STREET ADDRESS	628 Arvern Court
CITY-ST-ZIP	Alta, Spr., FL 32701
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tessa Lambie
STREET ADDRESS	318 Barclay Avenue
CITY-ST-ZIP	Alta. Spr., FL 32701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Missy Hummel
STREET ADDRESS	507 Arvern Court
CITY-ST-ZIP	Alta. Spr., FL 32701
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Hoover
STREET ADDRESS	503 Arvern Court
CITY-ST-ZIP	Alta. Spr. FL 32701

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Snyder Diane Snyder 3-16-07 (407) 493-9243